STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH
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7854

County Village or City 2/5 Quun Sf Chashum No. Village or City 2/5 Quun Sf Chashum No. Length of residance in city or town where death occurred yes mos. Length of residance in city or town where death occurred yes mos. Length of residance in city or town where death occurred yes mos. Length of residance in city or town where death occurred yes mos. Length of residance in city or town where death occurred yes mos. Length of residance in city or town where death occurred in a horpital or institution, give its NAME instead of street and number) Length of residance in city or town where death occurred in a horpital or institution, give its NAME instead of street and number) Length of residance in city or town where death occurred in a horpital or institution, give its NAME instead of street and number) Length of residance in city or town where death occurred in a horpital or institution, give its NAME instead of street and number) Length of residance in city or town where death occurred in a horpital or institution, give its NAME instead of street and number) Length of residance in city or town where death occurred in a horpital or institution, give its NAME instead of street and number) Length of residance in city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("wyrite the word) S. If married, widowed, or divorced HUSBAND of (Month) (Day) (Day) (Day) (Day) (Day) (Day) (Day) (Day) (Day) (Sata take h. S. L. Washed Length of each occurred in the date stately bove, at John Months of the particular of the partic
Village or City 0/5 Character of City of Course of St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residance in city or town where death occurred yrs
Length of residence in city of town where death occurred yrs mos. ds. How long in U. S. if of foreign birth? yrs mos. ds. 2. FULL NAME Augh May Lim Blake (a) Residence: No. Checkering May Lim Blake (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Taylic the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Taylic the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or particular wind of work doma, as SPINNER, SAWYER, BOOKKEEPER, etc. Not work was done, as SILK MILL, May 1 industry or business in which work work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in which work was done, as SILK MILL, May 1 industry or business in whic
2. FULL NAME Jacob Varieties Blake (a) Residence: No. Chestulini May for town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE OR DIVORCED (ruprite the word) 5. SINGLE, MARRIED, OR DIVORCED (ruprite the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day, hrs. OF Jacob
(a) Residence: No. Chestum Many factors, Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Fernale 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Formale 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or businass in which work was done as SILK MILL, SAW MILL DANK which work was done as SILK MILL. AND MILL DANK with DANK of the word was done as SILK MILL, SAW MILL DANK with DANK with the work was done as SILK MILL. Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) 1937 1947 1947 1957 1957 1957 1957 1957 1957 1957 1957 1957 1957 1957 1958 195
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work dome, as SPINNER, SAWYER, BOOKKEEPER, etc. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) 1. DATE OF DEATH 1.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("syrite the word) 4. Widow 5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AG
OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of (or)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW MILL DANK CHAPTER Wind DANK CHA
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW MILL DANK AND
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW MILL DANK of the same of the date state belove, at to have occurred on the date state belove, at the have occurred on the date state belove, at the have occurred on the date state belove, at the have occurred on the date state belove, at the have occurred on the date state belove, at the have occurred on the date state belove, at the have occurred on the date state belove, at the have occurred on the date state belove, at the have occurred on the date state belove, at the have occurred on the have occurred on the have occurred on the have occurred on the hav
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: SAWYER, BOOKKEEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW MILL DANK of the same of the date state belove, at the same o
7. AGE Years Months Days If LESS than 1 day,hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL DANK SAW MILL, SAW MILL DANK SA
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Strade, profession, or particular were as follows: Strade, profession, or particular were were were were were were were we
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Croking through the solid straight of work was done, as SILK MILL, SAW MILL, SAW MILL, SAW MILL DANK of the solid straight of
SAWYER, BOOKKEEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW MILL BANK atc. SAW MILL BANK atc.
a Work was done, as SILK MILL, Market SAW MILL S
SAW MILL RANK etc
10. Date decayarding (month and 4.
this occupation (month and twin 1934 spent in this later occupation super in this later occupation super in this later occupation super in this later occupation occupation super occupation super occupation occupation occupation super occupation occupation super occupation oc
Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) of Abusel Hell Advancing age
(State or country) Give and to, good
13. NAME Cannul Vanelon 14. BIRTHPLACE (city or town) Date of
4 14. BIRTHPLACE (city or town) Date of Date of
(State or country) While, Wish What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) West Grieve Accident, suicide, or homicide? Data of injury 19 Data of injury
5 16. BIRTHPLACE (city or town) / West Price Accident, suicide, or homicide? Data of injury
(State or country), Manyland Where did injury occur?
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 215 S. Ossian At Cl. 1. L.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury
Place Mustishin Com Date 1/10 ,1937 Nature of injury
for a large to the same of the
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?
1.0 12. 87 OLST Al. I was Mar May Machine
20. FILED feeles 15 - 19 37 We Sticked (Signad) 10 1 Mg (We provided M. [
Registrar. (Address) & Alexandrest, Magnetic Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack_of epilepsy	1 week ago	
Chronic interstitial nephritis AUG 3 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE	OF	MARYL	AND-	-CERTIF	FICATE	OF	DEATH
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1. PLACE OF DEATH	210-000	
County Ken T	Registration Dist. No.	2
Village or City Chester town	No. Kent and Upper Queen Anns St., death occurred in a hospital or institution, give its NAME instead of street and it	Ward
	ds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME Ruth Lee Bowers		
(a) Residence: No. Millington (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MANNIE 4	21. DATE OF DEATH Joly (Month) (Day)	, 193_7(Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Austin (. Bowers	22. HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 18, 1903.	Hast saw her alive on July 14 1937	; death is said
1 day bro	to have occurred on the date stated above, at. 4270.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance	
34 6 25 ormin.	were as follows:	Date of onset
o. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Rutamobile accident	7-14-37
9. Industry or business in which	Runt d drawers	1-14-57
work wes done, as SILK MILL, SAW MILL, BANK, etc.	Cots and contusions	7-17-21
O 10. Date deceased last worked et this occupation (month and year)	Frantined skull	7-14-37
C 1	Other Contributory Causes of Importance:	
(State or country)	InterNAL hemovehage	7-14-37
	Shoule	2-14-37
13. NAME Tysow Lee 14. BIRTHPLACE (city or town)	Softene	
4. BIRTHPLACE (city or town)	Name of operation of toptoved rise. Date of	7-14-57
	What test confirmed diagnosis? Operation Was there an a	
15. MAIDEN NAME BOTTLE CAPTER	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) M. J.	Accident, suicide, or homicide? Heide Date of Injury 7-1	19.3.7
17. INFORMANT Hospital Flecords + mother (Address) Chestertown, Md.	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE,
18. BURIAL, GREMATION, OR REMOVAL Place Date Land Date Land 1927	Manner of injury	
19. UNDERTAKER WE HE GOOD (Address) Live had been	24. Was disease or injury in any wey related to occupation of deceased?	At 21114
20. FILED fally 17 , 1934 21 T Hickory	(Signed) Ococile (Address) Cheatertown Md.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 3 1667	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7856

1. PLACE OF DEATH	The state of BEATH
County / I sm	Registration Dist. No. 20/
Village or City Hear Belluston (1)	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?
2. FULL NAME Cross Telly Busin	If U. S. Veteran, specify WAR
(a) Residence: No. Bellistand July (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	220 HEREBY CERTIFY. That attended deceased from
2 /2 /2 /2	37, 570 × 16 19 3
6. DATE OF BIRTH (month, dey, end year) Aug 5, 1936 7. AGE Yeers Months Days If LESS than	I lest saw h lelive on ; death is said
7. AGE Yeers Months Day's If LESS than I dey,hrs.	to have occurred on the date stated above, at Am. The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence
8. Trade, profession, or perticuler	were as follows: Data of one at
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
A Hade, professing, or peritudes, or peritud	
10. Date decessed last worked at this occupation (month end yeer)	
12. BIRTHPLACE (city or town) Susfield In Case or country)	Other Contributory Causes of importence:
13. NAME Annet 11. Brica	
13. NAME (mest) Brisca 14. BIRTHPLACE (city or town) Biblishing (State or country)	Name of operation Date of
(State of country)	Whet test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Magass Cultury 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Mangasty Business	Where did injury occur?
18. BURIAL, CREMATION OR REMOVA	Manner of Injury
Plece And Shidlen, Dates 7/18, 1936	Neture of injury
19. UNDERTAKER Hange U. Angellianing	24. Was disease or injury in any way releted to occupation of deceased?
Weich wo Whalasta	(Signed) M. D
20. FILED Registrar.	(Address) Clearly M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	-	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritts	¥921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 3,1927	Peritonitis	3 days ago	
1 200	4. \\			
1183.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PERM	stated EX	properly cla	certificate.
LY, WITH UNFADING INK-THIS	carefully supplied. AGE should be	TH in plain terms, so that it may be	very important. See instructions on back of certificate.
PLATE	should be	OF DEA	very im

	-CERTIFICATE OF DEATH 7857
1. PLACE OF DEATH County	Registration Dist. No.
Village or City R4-h) Mortone	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	nosds How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME UNILLE Cha	mulles
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (ruring the word)	July 27 193 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Chambe	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 1 1872	I fact saw has alive on field 27 1,1927; death is sai
7. AGE Years Months Days If LESS than	
4440 65 26 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as to hows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Eprone my caracter 3-ju
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at the occupation (month and	A
10. Date deceased lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) french co	Other Contributary Causes of Importance:
(State or country)	
13. NAME frame Bricht	
13. NAME Strine 2214	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Sarah Kennand	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sarah Remark 16. BIRTHPLACE (city or town) Constitution (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT annie Hypson (Address) United Hypson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace to un am Date July 30,93	Z- Nature of Injury
19. UNDERTAKER /2 B + blokus (Address) 2 A D B AND M	24. Was disease or injury in any wey related to occupation of deceased? 11
20. FILED Jaly 29, 1937 & To Colarla	(Signed) Vr. John, Michmondy.
Registrăr. If more blanks are needed, address State Registr	(Address) Po Mellinger 7) S No.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	
The principal cause of dea of importance were as foll	OWS.	uses that wonset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1/261	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritic	60	93 192	Run over by street car	1 week ago
Cerebral hemorrhage	ANG A	July 5,1907	Peritonitis	3 days ago
Other contributory causes	of importance		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

A-	STATE OF MARTLAND	CERTIFICATE OF DEATH	00
Stat	1. PLACE OF DEATH	(183)	
P C C	County First C.	A Registration Dist. No. 2	12
should f OCC	Village Dr City Checkeloing Country Club ne	all Ma	140
s of		death occurred in a hospital or institution, give its NAME instead of street and	number)
at NS		ds. How long In U.S. if of foreign birth?yrsm	
YSICIANS	2. FULL NAME Charles Norses	If U. S. Veteran, specify WAR	
SIC ate	(a) Residence: No. Shututine md,	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
EX	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
7	Male Col OR DIVORCED (write the word)	July. 19	, 193 7
T I	5a. If married, widowed, or divorced	(Nonth) (Pay)	(Tear)
ssifi	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	deceased from
X A C	0 (0.00)	, 19, to	, 19
	6. DATE OF BIRTH (month, day, and year) Im 26 1914	to have occurred on the date stated above, at 10:10 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	.; death is said
ed fica	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10./ m.	
stated E properly certificate	23 5 24 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10000
	Z 8 Trade, profession, or particular	Judden	Date of onset
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	There was no boots involved . Covers	0
ould may back	9. Industry of business in which	breadenly drawed	17/8
~	work was done, as SILK MILL, SAW MILL, BANK, etc	Deceased fell into the water when a sla	6
0 4 6	this occupation (month and 10/37) spent in this	Inoke. The blank was suspended from piling	to whar!
oplied. AGE erms, so that instructions o	year) occupation Myle	Other Contributery Causes of Importance:	1
so	12. BIRTHPLACE (city or town) Malf Vand,	Aglestional Sprang from	
ns, tru	(State or country) Route a. Mil.	large quartity of Seed the	age .
	13. NAME Sarens Monsey		1919/
supplin teri	14. BIRTHPLACE (city or town) - Frundam	Name of operation Date of	
ly su lain See	(State of County) / May 100. Many fund	What test confirmed diagnosis? Was there an a	autopsy?
carefully 'H in pla ortant.	15. MAIDEN NAME ada Brooks.	23. If death was due to external causes (VIOLENCE) fill in also the following	:
be careful EATH in primportant.	5 16. BIRTHPLACE (city or town) Man Colimans)	Accident, suicide, or homicide? Weaters Date of injury July	17.1937
AT.	(State or country) Ment Co, Many Land	Where did injury occural families to lead	
	17. INFORMANT Relay Louis	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	e) ACF.
	(Address) Chichina Manifernel		
shou 3 OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
F-1 -02	Place When an Come Date July 22, 1937	Nature of injury	
mation CAUSI TION	Maria la 11 Pl	24. Was disease or injury in any way related to occupation of deceased?	
EOF	19. UNDERTAKER OFFICE OF MANAGEMENT	If so, specify	
3	Some Contraction	(Signed Franklet Smith the	me
(1)	20. FILED July 2/, 19.3? Negistrar.	(Address) Oktobelson. ml	W. I
	Acgustar.	(11001030)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chamie interestitied a submittee	1921	Run over by street car	1 week ago
Cerebral hemorrhage AGG 3 1977	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARVI AND-CERTIFICATE OF DEATH

M	very item of infor-	ANS should state	ent of OCCUPA-		
BINDING	PERMANENT RECORD. EV	EXACTLY. PHYSICIA	y classified. Exact statem	ite.	3
MARGIN RESERVED FOR BINDING	. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	SOCIETA GRANT CONTRACTOR OF THE CONTRACTOR OF TH
S. No. 1	.BWRITE PLAIN	mation should be	CAUSE OF DE	TION is very im	11 11 11 11 11 11 11 11 11 11 11 11 11

V. S. No. 1

1. PLACE OF DEATH	952
County	Registration Dist. No. 20
Village or City Chesterlown (If	NoSt, Ward death occurred in a hospital or justitution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME amos Johnson	
(a) Residence: No. 204 Cellege are	St Ward.
(Usur place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVOLED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If HUSBAND of	22 I HEREBY CERTIFY, That I attended deceesed from
Janni Johnson	7 nov. 1036 to July 3 1937
6. DATE OF BIRTH (month, dey, and yaar) Que . 1//866	I last saw hat alive on July 1937; death is seld
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 1:15-P.m.
70 10 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cardio-rinel -dicease Date of onest
99. Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc.	
10. Date decesed last worked at this occupation (month end year) 11. Total time (years) spent in this occupation occupation	Other Cartiflature Carried in contacts
12. BIRTHPLACE (city or town) / Cent C.	Other Contributory Causes of importance:
(Stata or country) Mayland	
13. NAME alex tolprora	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country) Manyland	What tast confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Gramula Blockeston	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country) Manyland	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Chillie Mitchell (Address) Chillie Mitchell	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place destruction Caractery Date Felly 9, 1937	Nature of injury
19. UNDERTAKER Calphy & Schillon	24. Was diseese or injury in eny way ralatad to occupation of deceasad?
(Address) Chestertown Md.	If so, spacify A
20. FILED Ally 6 19 37 WJ / Sickly	(Signed) M. D.
Registrar.	(Address) 6 historion Med.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of importance were a Arteriosclerosis	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nep	rritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG 3 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 m

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 7860
1. PLACE OF DEATH		(123)
County Reus		Registration Dist. No. 202
Village or City Electure	acox	NDSt., War
Length of residence in city or town where death		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Land	Hoyd Low	If U. S. Veteran, specify WAR
(a) Residence: No. 426 Calver	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 3/ 1937
a. If married, widowed, or divorced	my	(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended deceased from 19
DATE OF BIRTH (month, day, and year) Ase	13.1923	I last saw h; death is sai
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
13 7	18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	/ 2	Date of original and original a
SAWYER, BOOKKEEPER, etc.	tople	acadeulas Devious
9. Industry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc	11 Total time (vears)	
this occupation (month and year)	11. Total time (years) spent in this occupation	
	- C	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	was de	- Jan
1	oned,	effect Wales When road
13. NAME . James gard &	ornas	Trake.
13. NAME . Saul Faul &	lale	Name of operation
(State or country) Menx	o. med	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME THE STRY FELIX 16. BIRTHPLACE (city or town) Selection	Librar	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Lelies	claine	Accident, suicide, or homicide? Date of injury, 19
(State or country) New	De my	Where did injury occur?
7. INFORMANT James Comes (Address) Tresente	al	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL		Manner of Injury
Place Stustertim Cem Da	ite any 3 , 1937	Nature of Injury.
9. UNDERTAKER Thaning by	William	24. Was disease or injury in any way related to occupation of deceased?
(Address) Chustin	our Mary found	If so, specify
20. FILED aug 3 , 1937	W.J. Nicks	(Signed) traul trulle Loronor M.
U	Registrar.	(Address) Theeleclaus

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Telephone Till El	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 3 1937	July 5,1927	Perilonitis	3 days ago	
MUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:	1.65	
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH PLACE OF DEATH 159

prhy	61	0	1
1	79	Th:	1
-	0	0	Ji.

1. PLACE OF DEATH	(159)
County / and	Registration Dist. No.
Village or City	No. St., War. (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Shales (hearloss)	Camile
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (quize the word)	July 7, 1937
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended dacaasad from
0 1/2 - 102	Joseph 3 , 1927, to Joseph 7 , 1937
6. DATE OF BIRTH (month, day, and yaar)	I last saw half aliva on fast, 19.77; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
773/ July 3 ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	Meinster Burk
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date daceasad last worked at this occupation (month and year)	
Car and a single	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
	_
(State or country)	Name of operation
	What test confirmed diagnosis?
They was	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide? Date of Injury, 19 Where did Injury occur?
11.00 B	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Addrass)	opecity whether injury occurred in Product, in Home, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 7/5 ,1937	Nature of Injury
19. UNDERTAKER Herrich Arlumn	24. Was disease or injury in any way related to occupation of dacaased?
(Address)	If so, specify
20. FILEO 7/5 197 hr. Buc.	(Signad) A hay College M. I
Registrat.	(Address)
If more blanks archeeded, Address State Registrat	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	2%			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF	SIAIL C	MARY	_AND-	CERIIF	CAIL	OF	DEATH
----------------------------------	---------	------	-------	--------	------	----	-------

1. PLACE OF DEATH		444			
County Kent			Registration Dist.	No. 200	
Village or City mellingtin	_	No		St.	Ward
0,	(If death	occurred in a hospital or institu			imber)
Length of residence in city or town where death occurred	yrsmos.	ds. How long in U.S. if of	f foreign birth?	_yrsmos	ds.
2. FULL NAME mary Ella	Moden	maif U. S. Veteran,	specify WAR		
(a) Residence: No.		t.,Ward.	~		
(Usual place of	11		If nonresident give o		itate
PERSONAL AND STATISTICAL PARTIC			ERTIFICATE OF	DEATH	
SEX 4. COLOR OR RACE 5. SINGLE, MARRII OR DIVORCED (DATE OF DEATH	Jolly	124	2
Hemse white man	icy.		(Month)	(Day)	(Year)
HUSBAND of French on Column	22.	LHERERY	CERTIFY, 1	Chat I attended de	ecessed from
(or) WIFE of			1907 to 900		195.7
DATE OF BIRTH (month, day, and year) april 8,	1879 1las	Caw han alive on	10.	1927	100
AGE Years Months Days	If LESS than to h	ava occurred on the data state	d above, at 7.00 /) .m. •	1
18 2 23	1 day, The	PRINCIPAL CAUSE OF DEAT			
8-Trade, profession, or particular kind of work done, as SPINNER, SAWYER RODKKEFFER atc	Wall	Parks	montain		Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	~	Shrille	1 Sam		6/19/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					7.77
SAW MILL, BANK, etc			0		
This occupation the strainer	in this	~~~~~			
year) - G-1-91-3-1-1 occupa		er Contributory Causes of impo	ortanca:		
2. BIRTHPLACE (city or town)	0				
(Stata or country)	10:				
13. NAME (2erg H. Lea 14. BIRTHPLACE (city or town) 2 rem an	0				
14. BIRTHPLACE (city or town)	Nan Nan	ne of operation		Data of	
(State of country)	Wha	nt test confirmed diagnosis?		_ Was there an au	topsy?
15. MAIDEN NAME Mully 1 3021	23.11	f death was dua to axternal cau	uses (VIOL ENCE) fill in a	iso the following:	
15. MAIDEN NAME Mully Bost 16. BIRTHPLACE (city or town) (State or country)	Acci	ident, suicide, or homicide?	Date	of injury	, 19
(State or country)	Whe	ere did injury occur?	(Specify city or town	county and State	
7. INFORMANT M. Hunh M. den	Spe	cify whether injury occurred in	n INDUSTRY, In HOME,	or in PUBLIC PLAC	CE.
8. BURIAL, CREMATION, DR REMOVA	17.2.12				
Blace Busies md. Date July	V 4 10 27	nner of injury			
0.2.6.70.	O Hall	ure of injury			1-
9. UNDERTAKER AUCH, C. Lotus F		Vas disease or injury in any w	ay ralatad to occupation	of deceased?	100
(Address) munga,	nd. If s	o, specify	. Yen		
7/2 22 0 12 2		(Signed)	211111111111	1	M. D.
0. FILED	Registrar.	(Address)	, , , , , , ,	7	•

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related of importance were as follows:	causes Date of onset
Arteriosclerosis	1915	Attack of enelepsy E CEIVED	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis AUG 5 1937	3 days ago
		BUREAU V. S.	3
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(3)	200	
Village or City Length of residence in city or town whera		No. Registration Dist. No. f death occurred in a horpital or institution, give its NAME instead o sds. How long in U.S. if of foreign birth?yrs.	St.,Ward	
2. FULL NAME Man	tha hom	St. Ward.		
(a) Nesidence. No.	(Usual place of abode)	If nonresident give city o	or town and State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 7 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	22. I HEREBY CERTIFY, That I attended deceased from 1927 to 2,000 / 7- 1927		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs	to have occurred on the date stated above, et 5 2 2 m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of impo	, 19_ 2_7 ; death is said	
8. Trada, profession, or particular	ormin.	were as follows:	Dats of onset	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	hom	Humilega	7/1/07	
kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tima (years) spent in this occupation	Chr. Myorardita + Enlasted Suffer	190an 1903	
12. BIRTHPLACE (city or town) (State or country)	m lo	Other Contributory Causes of Importance:		
13. NAME William	Plenc			
13. NAME 14. BIRTHPLACE (city or town) (State or country)	md.	Name of operation		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	ma Mmy	23. If death was due to external causes (VIOLENCE) fill in also t Accident, suicide, or homicide? Date of in Where did injury occur?	jury, 19	
17. INFORMANT Williamia (Address)	Camile	(Specify city or town, cot Specify whether injury occurred in INDUSTRY, in HOME, or in	inty and State) PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place The Property of the Pr	Date gray 20 , 1922	Manner of injury		
19. UNDERTAKER A. A. C. G. (Address)	hin + Jm	24. Was disease or injury In any way related to occupation of de	ecaased? //	
20. FILED July 1. 7, 1927	Marky Registrar.	(Signed) (Address) Stacks (Address)	ustr ha	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 5 1937			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CCUPATION

back

instructions

very important.

8. Trade, profession, or particular

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.....

this occupation (month and

year) _____

10 Date deceased lest worked at

kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH County Village or City statement Rosa 2. FULL NAME (a) Residence: No. Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of William F. Owen (or) WIFE of Marile 21 1858 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Devs I day,hrs. or____min.

Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? _______ yrs. _____ mos. _____ds. If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY. That I ettended deceased from The PRINCIPAL CAUSE OF DEATH and related couses of importance Date of onset What test confirmed diegnosis? Wes There en eutopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Wes disease or injury in any way related to occupation of deceased?

12. BIRTHPLACE (city or town) (State or country) FATHER Olian Mason 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Ku (State or country) Where did injury occur?____ 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Nature of Injury. 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

11. Total time (years)

spent in this

occupation ___

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	(1), year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	/

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	4000
1. PLACE OF DEATH		920	
County Dent		Registration Dist. No.	-00
Village or City Mullingto	(II	NoSt., death occurred in a hospital or institution, give its NAME instead of street a	and number)
Length of residance in city or town where death	occurred 2 yrs,mos	ds. How long in U.S. if of foreign birth?yrs	mosds
2. FULL NAME Mary 6	love Kan	a lf U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	1 C
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED, OR DIVORCED (winter the word)	21. DATE OF DEATH July 24	193 7
5a. If married, widowed, or divorced	widowed	(Month) (Day)	(Year)
HUSBAND of Cor) WIFE of Harry Ka	ausome	22. July 1 HEREBY CERTIFY. That I attend	dad deceased from
6. DATE OF BIRTH (month, day, and year) Que	a.7,1896	Nest sawner alive on free 24 192	2; death is salt
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
41 11	/ 4 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	In
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, atc.	usekeeper	miles Aline	Date of onset
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, atc			
TO, Data deceased last worked at this occupation (month and year)	11. Total time (yaars) spant In this occupation		
12. BIRTHPLACE (city or town) Milli	igtow,	Other Contributory Causes of importance:	
13. NAME Charles B	rake		
14. BIRTHPLACE (city or town) Could (State or country)	Mayre	Name of operation Date of	
	na.	What test confirmed diagnosis? Was there	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or counity)	cupper	23. If daath was due to external causes (VIOL ENCE) fill in also tha follo Accident, suicide, or homicide? Date of Injury	
17. INFORMANT Saule Bra	ooks	Whera did Injury occur?(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Amelina glad D	ala Duly 27 1937	Manner of injury	
19. UNDERTAKER OF LANGE TO	his & Sow.	Natura of injury 24. Was disaase or injury In any way related to occupation of decaased	ur
(Address) Milling	too, rud	If so, specify	L AA I
20. FILED7/ 2.2, 19.3.7	La La Registrar.	(Address) hullu	ighn I

N. B.—WRITE PLAINLY,

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SUS 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial neparitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH 7800
1. PLACE OF DEATH	93-0
	Registration Dist. No.
Village or City Galusa, Will.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MARY W. Young	If U. S. Veteran, specify WAR
(a) Residence: No. Jalua Ing	St., Ward. If nonresident give city or town and State
(Usus I place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEK. 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED	
Jesualo While OR DIVORCED Carrie to word	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Saucel A Good	22.1 I HEREBY CERTIFY. That I attended deceased trom
1 100	feel & - , 1927, to July / 8 - , 1922; death is said
6. DATE OF BIRTH (month, day, and year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
82 6 × Iday,	
8. Trade, profession, or particular kind of work done, as SPINNER,	Canto Da Calina Suda
SAWYER, BOOKKEEPER, etc.	Mant Millery 7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chy humardely biredy
Spant III this	
year)occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) State or country)	C.
4 Adams	Name of operation
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellew Common	23. It death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME ALLE COMMON TO STATE OF COMMON TO S	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT LA E POINT (Address) Lineaux m	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place telison Escally Date July 27 , 190	Nature ot injury
19. UNDERTAKER John & Coffage	24. Was disease or injury in any way related to occupation of deceased?

occupation of deceased?__ It so, specity _____

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows:-Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FI	URTHER STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7867
1. PLACE OF DEATH	(13-D) (1/b)
County News	Registration Dist. No. 2-0/
	1 1/ 10211
y.	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long In N.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles V. Jurner	If U. S. Veteran, specify WAR
(a) Residence: No. 233 M. Cliff. It But	Ward.
(Uatal blace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sulf
Mal white -	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
3.0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	Were as follows: Date of one of motor of motor of was involved a ?
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and spent in this	W/Estanta incidental engasty 2/3.
9 Industry or business in which	The state of the s
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Sumped over brand.
11. Total time (years) this occupation (month and spent in this	Via la druscant Otosker
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	Sumped of while erre-
(State or country)	Leuchen strucke in a drunken stre
TI 13. NAME	Jorg with boot in motion.
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
TI 15. MAIDEN NAME	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accidents. Data of injury
State of country)	Where did injury occur?
Toucht John Meswall.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMAN (Address) Note of the Day	
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place Butles Per Date July 6, 193	Nature of injury
BRETERRORS	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify A L L Maranet
Outher 2 Contract of the Carlo	(Signed Frank W Lwitte M. D.
20. FILED 1009 2 , 1937 A Clair	(Address) Chestillain Ind

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage July 5, 1927	Peritonitis	3 days ago
1 8 m 5. 1		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,1923	Gastroenteritis	1 year